

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES
EFFECTIVE JANUARY 1, 2010
RETIREE PLANS**

Benefit Plan	Type of Enrollment	Total COBRA Premium
<i>MEDICAL PLANS - MEDICARE</i>		
EUTF PPO Medicare (HMA)	Self	\$182.01
	Two-Party	\$354.74
	Family	\$525.87
EUTF PPO Medicare (HMSA)	Self	\$189.76
	Two-Party	\$369.85
	Family	\$548.25
Medicare Prescription Drug (NMHC)	Self	\$208.12
	Two-Party	\$405.33
	Family	\$600.96
Kaiser Medicare HMO Prescription Drug	Self	\$283.72
	Two-Party	\$553.68
	Family	\$820.45
<i>MEDICAL PLANS - NON MEDICARE</i>		
EUTF PPO Non Medicare (HMA)	Self	\$393.90
	Two-Party	\$767.49
	Family	\$1,137.81
EUTF PPO Non Medicare (HMSA)	Self	\$406.53
	Two-Party	\$792.11
	Family	\$1,174.31
Non Medicare Prescription Drug (NMHC)	Self	\$175.13
	Two-Party	\$341.19
	Family	\$505.84
Kaiser Non Medicare HMO Prescription Drug	Self	\$519.83
	Two-Party	\$1,014.06
	Family	\$1,502.75
<i>DENTAL PLAN</i>		
HDS Dental	Self	\$31.89
	Two-Party	\$62.30
	Family	\$76.30
<i>VISION PLAN</i>		
VSP Vision	Self	\$5.02
	Two-Party	\$10.04
	Family	\$13.46